

Rosecrest Learning Academy Season: \_\_\_\_\_  
Signup Date: \_\_\_\_\_

# New Student Registration Form

## Student Information

Student's Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Phone (2): \_\_\_\_\_

Name of Person responsible for paying fees: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Billing Phone # \_\_\_\_\_

## Legal Release and Policy Acceptance (please initial)

\_\_\_ I/we understand the Studio Policies      \_\_\_ I/we understand my billing obligations  
\_\_\_ I/we understand the risks related to dance      \_\_\_ I/we understand my responsibilities for my property  
\_\_\_ I/we understand the dress code      \_\_\_ I/we understand the schedule  
\_\_\_ I/we give media use rights permission      \_\_\_ I/we understand the attendance policy

Signature / Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

## Classes

Class Name	Meeting Date(s) / Time	Fees / Minutes

Registration Fee: \_\_\_\_\_

Recital Fee: \_\_\_\_\_

Tuition: \_\_\_\_\_

Costume Fee: \_\_\_\_\_

Discounts: \_\_\_\_\_

Comp Fees: \_\_\_\_\_

**Total Monthly Tuition** \_\_\_\_\_

Gym Fee: \_\_\_\_\_

## Measurements

\_\_\_ Height      \_\_\_ Girth      \_\_\_ Tights Size  
\_\_\_ Shoe Size      \_\_\_ Inseam      \_\_\_ Leotard Size

## Medical

Allergies: \_\_\_\_\_

Will your child require any special medical attention during a normal class: (yes/no) \_\_\_\_\_

[ ] – Recorded [ ] Paid in full [ ] On hold Processed by: \_\_\_\_\_ Special Notes: \_\_\_\_\_

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If yes – Explain:

\_\_\_\_\_

– Recorded  Paid in full  On hold Processed by: \_\_\_\_\_ Special Notes:

\_\_\_\_\_